

This template is to be used for proposed name changes included on the Academic Plan and for which the unit has received specific written approval from the Provost's office to proceed with internal proposal development and review. A separate proposal must be submitted for each individual name change. The proposal template should be completed and submitted by the Dean's Office to the University Provost's Office [[mailto: curriculumplanning@asu.edu](mailto:curriculumplanning@asu.edu)]. The name change **may not** be implemented until the Provost's Office notifies the academic unit that the name change proposal has completed the approval process.

College/School/Institute: Mary Lou Fulton Teachers College
Department/Division/School: Teacher Preparation - CELEMED
Proposing Faculty Group
(if applicable)
Program type: Graduate Concentration
Name of existing program: MED in Elementary Education (Teacher Certification Accelerated)
Proposed new name: MED in Elementary Education (Teacher Certification)

Proposal Contact

Name: Cory Hansen **Title:** Interim Division Director
Phone number: 602-543-6075 **Email:** Cory.Hansen@asu.edu

DEAN APPROVAL(S)

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.

College/School/Division Dean name: Mari Koerner
Signature Mari Koerner **Date:** 1 /21 /20 14

College/School/Division Dean name:
(if more than one college involved)
Signature _____ **Date:** / /20

Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable

University Approval(s)

Vice Provost for Graduate Education Name: _____
Signature: J. Dobson **Date:** / /20
Executive Vice President and Provost of the University Name: _____
Signature: _____ **Date:** / /20

Name of existing program: MED in Elementary Education (Teacher Certification Accelerated)

Proposed new name: MED in Elementary Education (Teacher Certification)

Program type: Graduate Concentration

If graduate/undergraduate degree or concentration is selected, indicate degree type and major (e.g., BA, MBA, PhD)
MED

Plan code(s) for the program:

If this is a degree program that has multiple concentrations, list all plan codes impacted.
TEEEACL MED

Requested effective date: 2015-16

Select the catalog year for which students can begin applying into this program with the new name.

Note:

1. Name changes can only be implemented so as to be effective for a fall semester.
2. All existing and continuing students will be moved to the new name.
3. Students who complete the degree requirements prior to the fall effective date graduate under the old name.

Briefly describe the proposed change and rationale for the change:

We would like to remove the word accelerated from the program name as this program is not necessarily accelerated.

Discuss the impact of this change on current students and/or enrollment:

This should be a positive impact on students. It does not benefit the student in any way to have the word accelerated in the title. We will send out a memo to students that will be enrolled Fall 15 and forward to let them know of this change that will happen to their degree name.